

This form can be filled in on a computer; alternatively please print and complete fields in CAPITAL letters using black ink and tick (✓) where appropriate.

**1. Identification and Activities**

Company Name:

Address:

Street & city

Phone Number:

Email:

Maximum 40 characters

Web Site:

VAT Number:

Business Registration Number (BRN):

Legal Status:

Number of Employees:

Date of Incorporation:  /  /  (dd/mm/yyyy)

Main Activities (%):

Other Activities (%):

Trademarks:

**2. Shareholding**

Name <small>(Individual: Surname and First Name - Company/ Partnership: name)</small>	Percentage (%)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### 3. Annual Turnover

	Year n-3 Turnover (VAT excl.)	Year n-2 Turnover (VAT excl.)	Year n-1 Turnover (VAT excl.)	Estimated Turnover (VAT excl.)
Local				
Export				
Total				

### 4. Turnover with Corporate Bodies for the Last 12 Months (VAT Inclusive)

Month	Turnover	Number of invoices	Amount of Credit Notes	Number of Credit Notes
TOTAL				

### 5. Supporting Documents\*

<input type="checkbox"/>	Purchase Order
<input type="checkbox"/>	Delivery Note
<input type="checkbox"/>	Combined Invoice & Delivery Note
<input type="checkbox"/>	Contract
<input type="checkbox"/>	Confirmation Order
<input type="checkbox"/>	Others (please indicate) <input style="width: 600px;" type="text"/>

\* Supporting Documents relative to a transaction to be provided including copy of an invoice.

**6. List of Main Debtors\*\***

Legal Name	Annual Turnover (VAT incl.)	Country	Currency of Invoice	Payment Terms

\*\* Full list of debtors to be provided in an Excel file as per above format.

**7. Suppliers which are also Debtors**

Legal Name	Activity

**8. Related Entities Transactions**

Legal Name	Activity

**9. Financial Relations**

Name	Overdraft Facilities (MUR)	Loans (MUR)	Import Facilities (MUR)	Leasing (MUR)

### 10. Other Financial and Credit Risk Partners

Partner	Name	Signing Date (dd/mm/yyyy)
Credit Insurer	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Debt Collection Agency	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Factoring Company	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

### 11. MRA (TAX/VAT)

VAT Declaration Period (Monthly, Quarterly)	<input type="text"/>
VAT due and not yet paid	<input type="text"/>
Income Tax due and not yet paid	<input type="text"/>

### DECLARATIONS

The undersigned formally certifies that the above information provided in this declaration form, as well as on all attached documents is true and correct to all intents and purposes. This information is hereby passed on to MCB Factors Ltd for the purpose of conducting a risk analysis without any commitment whatsoever on part of MCB Factors Ltd to proceed further with any application made by the undersigned. MCB Factors Ltd reserves the right in its sole and absolute discretion to enter into any transaction with or make any offer to the undersigned. The undersigned also hereby authorizes MCB Factors Ltd to submit information contained in the present document to its credit insurer and correspondents for evaluation purposes.

### Please sign below:

Authorised Signatory(ies)



Signature:

Name:

Date:

 /  /  (dd/mm/yyyy)

Signature:

If more than one signature needed

Name:

Company Seal:  
If applicable

PLEASE NOTE THAT INFORMATION REQUESTED IN THIS DOCUMENT IS NOT EXHAUSTIVE & MCB FACTORS LTD RESERVES THE RIGHT TO ASK FOR ANY ADDITIONAL INFORMATION NEEDED TO COMPLETE APPLICATION.

### DOCUMENTS REQUIRED (Copies):

Latest Ageing list of debtors***	<input type="text"/>
Latest Ageing list of creditors***	<input type="text"/>
Certificate of incorporation / Latest annual return	<input type="text"/>
Business Registration Card	<input type="text"/>
VAT Certificate	<input type="text"/>
Latest Audited A/c and management A/c	<input type="text"/>
Latest VAT Return	<input type="text"/>

\*\*\* Documents provided must not be more than one month old

**FOR OFFICE USE ONLY**

Date Received:  /  /  (dd/mm/yyyy)

Name:

Signature: